

**Indian Fertility Society**

**Application form for** **IFS CLINICAL EMBRYOLOGY Fellowship for candidates**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_
3. Sex : Male/female
4. Spouse/Father Name
5. Address
	1. Postal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Permanent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pin Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Phone No. with STD Code (R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_ Email Address

1. Martial Status
2. Nationality
3. MCI Registration No. (mention the state register)
4. IFS membership number
5. Qualification (Starting with the most recent)

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| Sr. No. | Name of Course/Degree | Institution | Year of passing |
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1. Experience (Starting with the most recent)

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| Sr. No. | Position | Institution | Year | Nature of work |
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1. Conferences attended (Start the most recent)

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| Sr. No. | Name of Conference | Year | City |
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1. Paper presentation (Start with most recent)

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| Sr. No. | Name of presentation/Conference  | Year | City |
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1. Publication (Start with the most recent)

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| Sr. No. | Name of Book/Journal | Paper title | Year | Publication |
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1. Summary of experience
2. Objective you intend to achieve during fellowship
3. Reference/s
4. Training center preferred
5. Intended date of joining\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fee should be paid in the name of Indian Fertility Society payable at Delhi

Entrance exam Fee: Rs. 1500 (Rupees One thousand only)

DD no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_.

1. Application along with DD to be sent

**IFS Secretariat,** Department of Obestetrics & Gyanecology, MAMC, & Lok Nayak Hospital, New Delhi-110002, Jawahar Lal Nehru Marg
E mail: indianfertilitysocietydelhi@gmail.com; Contact No.: 9899308083.

1. Copy of application to

Dr.Kuldeep jain, Dr. Kuldeep Jain's IVF and Laparoscopy Center, 23-24, Gagan Vihar, Main Road (Near Karkardooma Flyover),Delhi - 110051. Email: jainravi6@rediffmail.com, Contact No. 9810018951

 ***For Office Use***

Date of receipt of application with draft\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 ***Acknowledgement***

Received with thanks the application form from Dr \_\_\_\_\_\_\_\_\_\_\_\_\_\_along with the DD for RS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ drawn on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bank payable at Delhi



 Signature

In duplicate copy to be given to candidate